FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   P00000009026

1. Entity Name

DATABAQ SOFTWARE, INC ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	**3.** Mailing Address
1800 Sunset Harbour Dr	1800 Sunset Harbour Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Apt 2315	Apt 2315
City & State	City & State
Miami Beach FL	Miami Beach FL
Zip Country	Zip Country
33139 USA	33139 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For
65-0985606		Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name   Francisco Sanchez

Street Address (P.O. Box Number is Not Acceptable)

1800 Sunset Harbour Dr

Apt 2315

City Miami Beach   FL   Zip Code 33139

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐	January 1 - May 1 Fee is $150.00 After May 1, Fee is $550.00 Amended UBR is $61.25 Make Check Payable to Department of State	**10.** Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11.   OFFICERS AND DIRECTORS

TITLE	P	TITLE	
NAME	Francisco Sanchez	NAME	
STREET ADDRESS	1800 Sunset Harbour Dr 2315	STREET ADDRESS	
CITY-ST-ZIP	Miami Beach, FL 33139	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034B (12/01)